

HEALTHY OPTIONS BENEFITS

2002

(as of 02/13/02)

See web for updates: <https://www2.wa.gov/dshs/maa/HealthyOptions/Benefits.html>

When **medically necessary**, here are some of the services covered for Medicaid clients enrolled in Healthy Options (HO) and who covers them. For full scope of coverage, please see the HO contract. Scope of service for fee-for-service (FFS) and HO are the same although specific items may differ, along with the authorization requirements, billing and reimbursement. **Please note that the Healthy Options (HO) plans make their own determination of medical necessity** in accordance to the definition in Washington Administrative Code (WAC) 388-500-0005.

ADATSA=Alcohol & Drug Assessment & Treatment of Substance Abuse **AAS**=Aging & Adult Services
CD=Chemical Dependency *also called Substance Abuse* **CMHC**=Community Mental Health Center
DASA=Division of Alcohol & Substance Abuse **EPSDT**=Early & Periodic Screening, Diagnosis & Treatment **ETP**= Exception to Policy under FFS **ER**=Emergency Room **FFS**=fee-for-service (Medical Assistance) **HO**=Healthy Options **MAA**=Medical Assistance Administration **MHD**=Mental Health Division **RSN**=Regional Support Network **PCP**=primary care provider (Healthy Options)
WIC=Women, Infants, & Children Program

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|---|-----------------|--|
| ABI Vests | Healthy Options | |
| Abortions | | <i>See Pregnancy Terminations</i> |
| Acupuncture | Not covered | |
| Adult Day Health | FFS Provider | |
| Advanced Registered Nurse Practitioner (ARNP) | Healthy Options | |
| Alcoholism | | <i>See Chemical Dependency Services, Inpatient & Outpatient</i> |
| Ambulance Services (including air) | Healthy Options | Emergent only or transporting between facilities |
| Antigen (allergy serum) | Healthy Options | |
| Attention Deficit Hyperactivity Disorder | Healthy Options | The plans cover medications, medical assessments, medically related services, & psych test. CMHCs cover some behavioral situations. Schools are limited to working with behaviors impacting education. |
| Audiology Tests | Healthy Options | Note: Hearing aids are FFS |
| Autologous Blood | Healthy Options | Covered are blood, blood components, human blood products & their administration |
| Biofeedback Therapy | Not covered | |
| Birthing Centers/Home Birth | | Plan decision whether to cover |
| Birth Control | | <i>See Family Planning</i> |
| Blood Products | Healthy Options | <i>See Autologous Blood</i> |
| Braces (Orthopedic) | Healthy Options | Prosthetic & orthotic devices, orthopedic appliances & braces, medical supplies |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|---|---|---|
| Braces (Orthodontics) | FFS | <i>See Dental</i> |
| Breast Implant Removal | Healthy Options | |
| Breast Pumps | Healthy Options | |
| Breast Reductions | Healthy Options | Cosmetic surgery not covered |
| Cardiac Management | Healthy Options | |
| Chemical Dependency Services, Inpatient | Hospitals with approval by DASA | Pregnant women only –needs ADATSA prior approval. Healthy Options needs to coordinate care. |
| Chemical Dependency (CD) Services, outpatient & detoxification | DASA certified agencies. <i>Contact DASA for current list.</i> <i>www-app2.wa.gov/dshs/dasa/in dex.htm</i> | Healthy Options needs to coordinate care & is responsible for any inpatient or outpatient treatment needed for medical conditions (e.g. lacerations, malnutrition, dehydration, cirrhosis) resulting from or associated with the chemical dependency. If treated at ER but transferred to another facility, covered by Healthy Options. <i>See 12/3/96 memo from Joan Bantz, MAA & Ken Stark, DASA.</i> |
| Chemotherapy | Healthy Options | |
| Childbirth Classes | Fee-For-Service | Referred by First Steps worker |
| Chiropractic Care | Not covered except for children referred in EPSDT--Healthy Options | Children with referral from PCP |
| Circumcision | Not covered UNLESS medically necessary—Healthy Options | |
| Cleft Palate | | <i>See Dental notes</i> |
| Cochlear Implants | Healthy Options | Includes repairs and replacement parts such as battery packs, cables, speech processors, etc. |
| Contraceptives | | <i>See Family Planning</i> |
| Court-Ordered Services That Are Not Medically Necessary | Not covered; Healthy Options covers if it is a court “consent to treat” | This exclusion applies to services requested merely for forensic or legal reasons. If court gives consent to treat (authorization) for child in foster or group care, Healthy Options covers. Note: a child protective services (CPS) worker taking child to medical provider does not necessarily equate to “court ordered”. |
| Cosmetic Surgery | Not covered | |
| Diapers, Pull-ups & Incontinence Supplies | Healthy Options | Not generally for children under age three (3) unless medically necessary |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|---|------------------|--|
| Dental Care | FFS | Medical conditions related to oral conditions, such as infections, TMJ, cleft-palate, post-accident surgeries, are covered by Healthy Options. Surgery by physician is HO; by oral surgeon is FFS. PCP with admitting privileges at hospital chosen by dentist does physical for hospital surgery—otherwise, FFS for physician with same privileges. |
| Diabetic Supplies | Healthy Options | |
| Dialysis | Healthy Options | Hemodialysis or other appropriate procedures or treatment for renal failure including equipment |
| Durable Medical Equipment & Supplies | Healthy Options | |
| Eating Disorders | Healthy Options | |
| Emergency Services (includes medications prescribed by an outside-the-area ER provider) | Healthy Options | Note: follow up care to emergent visit must be authorized, referred or provided by plans. <i>See 6/25/98 ER Protocols from Julie Lake, MAA</i> |
| Emergency Contraceptive Counseling | | <i>See Family Planning.</i> |
| Enteral/Parenteral Therapy | Healthy Options | |
| EPSDT | Healthy Options | <i>See EPSDT Billing Instructions.</i> Any services ordered as a result of an EPSDT visit not covered by the contract will be covered by MAA FFS. |
| Exception to Policy (ETP) Items | FFS, if approved | Plans can choose to make exceptions but are not required to do so |
| Eye Exams & Refractions | Healthy Options | No authorization needed but member must use plan's provider. 1 exam for adults every 24 months & 1 every 12 months for children under age 21; more frequently if problem. |
| Eyeglasses, Contact Lenses & Fittings | FFS | Broker supplies hardware through FFS provider <i>See Client Tip Sheet</i> |
| Eye Training (Orthoptics) | Not covered | Note: eye patches may be used for other medically necessary services |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|--|---|---|
| Family Planning Services | Healthy Options or FFS Family Planning Provider /Pharmacy (360) 725-1652 for current list | Client has choice of either FFS or HO. All FDA-approved methods covered. Prescriptions written by Family Planning Provider covered FFS. Over-the-counter contraceptive items available without a prescription. When Healthy Options provider refers a client for these, the plan is responsible for payment. Emergency contraceptive counseling covered FFS if HO doesn't cover—see # memo 98-45—prescription costs covered by plan. <i>See Sterilizations.</i> |
| Fertility Drugs | Not covered | |
| Gastroplasty | FFS Provider | |
| Genetic Counseling | FFS | |
| Glucometers | Healthy Options | |
| Healthy Kids | | <i>See Physicals or EPSDT</i> |
| Hearing Aid Devices | FFS Provider | Includes fitting, follow-up care, & repair |
| Hemodialysis | Healthy Options | |
| HIV/AIDS screening | Healthy Options or FFS | FFS at Health Departments or Family Planning Clinics |
| Home Health | Healthy Options | |
| Hospice | Healthy Options | |
| Hospital, Inpatient | Healthy Options | Covered by plan at time of admission through discharge (even if transferred to another acute care hospital). Note: if a mom is admitted prior to HO enrollment & delivers after enrolled, both mom & baby are covered FFS until discharge. |
| Housing | MAA Transportation Broker | Under certain conditions. Contact transportation program manager (360) 725-1317. |
| Humidifiers | Healthy Options | For specific oxygen-related services only |
| Immunizations/ Vaccinations | Healthy Options or health departments | No travel immunizations. When a HO provider refers a client to health department, the plan is responsible for payment. |
| Impotence & Sexual Dysfunction | Not covered | |
| Incarcerated Clients Services | FFS for only certain services | Incarceration begins when client is arrested/put in custody |
| Infertility Services | Not covered | |
| Inpatient Admits Physicals for oral surgery | FFS | |

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|---|--|---|
| Interpreters, Medical | MAA certified FFS providers for medical visits & medical fair hearings. 1-800-562-3022 for current list. | Note: provider arranges for interpreter. Also, the plan may use any provider for plan business. (360) 725-1313 if questions |
| Laboratory Services | Healthy Options | FFS if lab services for medical management prescribed by providers covered by MHD. See also Pathology on the matrix. |
| Lice Combs | Healthy Options | Plan covers non durable medical supplies for head lice; choice of product up to plan |
| Mammograms | Healthy Options | |
| Mammaplasty | Healthy Options | After mastectomy, not cosmetically |
| Massage Therapy | Not covered | |
| Maternity & Prenatal Care | Healthy Options | Supplemental payment for delivery to plan where woman delivers along with monthly premium (weighted average for high & regular risk pregnancies) |
| Maternity Case Management | FFS Contact 1 st Steps Clearinghouse (360)725-1666 for list | For certain high-risk patients. (360) 725-1666 if questions |
| Maternity Support Services | FFS Contact 1 st Steps Clearinghouse (360) 725-1666 for list | Includes birth classes from certain hospitals. (360) 725-1666 if questions |
| Mental Health, Inpatient | Hospitals paid by MHD | Note: medical care at emergency rooms is covered by Healthy Options |
| Mental Health, Outpatient | CMHCs Contact MHD for RSNs/CMHCs (360) 902-0813 | Enrollees can either self-refer to community mental health providers of the RSNs as needed or obtain up to 12 hours/calendar year through plan. Psych testing is covered by plans once every 12 months for adults 21 and over or as needed if identified by EPSDT screens for children under age 21. Prescriptions written by CMHC covered FFS. Medication management is also covered & is not included in the 12 hour limit. |
| Medication Management for mental health | Healthy Options or CMHC | |
| Midwives | Healthy Options | |
| Naturopathy | Not covered | |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|--|--|--|
| Neurodevelopmental Center Services | FFS from 14 centers—see note | <i>See 11/14/97 & 2/12/99 Julie Lake letters for explanation</i> Boyer Children's Clinic; CP of Wenatchee Valley; Children's Therapy Center of Kent; Good Sam Children's Therapy Unit; Holly Ridge Center; Kinderling Center; Mary Bridge Children's Health Center Neurodevelopmental; Progress Center; Providence Health Systems Children's Center (Everett); Skagit Preschool Association for the Rehab of Children; Spokane Guild's School; St. Joe's Hospital Children's Neurodevelopmental Program; Valley Medical Center Children's Therapy Services; Yakima Valley Memorial Hospital Child Health Center/Children's Village |
| Neurodevelopmental Therapy: OT, PT, ST | Healthy Options unless provided at one of 14 Neurodevelopmental Centers (see above) | See above for NDC centers covered FFS. Note: Schools provide some services related to education during school year FFS but non-educational services provided by HO |
| New Medicines & Vaccines (eg Prevnar) | Healthy Options | If medically necessary as determined by plan |
| Nursing Facility & Home & Community Based Services | AAS 1-800-422-3263; (<i>Healthy Options covers only if the plan chooses to do so in lieu of hospitalization</i>) | Home & Community Based services such as COPES & personal care services |
| Nursing (including private duty) Services | Healthy Options | |
| Nutritional Counseling | Healthy Options | Specific conditions only such as high blood pressure, anemia, & diabetes; and for children with certain criteria <i>See billing instructions for Dietitians</i> |
| Obesity/Weight Loss | Healthy Options | <i>No gastroplasties unless ETP FFS</i> |
| Organ Transplants | Healthy Options | Heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney, kidney-pancreas, cornea, peripheral blood stem cell |
| Orthotics | Healthy Options | |
| Ostomy Supplies | Healthy Options | |
| Out-of-area care | Healthy Options | Emergency care only |
| Oxygen & Respiratory Services | Healthy Options | |
| Pain Management | Healthy Options | Once/lifetime up to 21 days |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|---|---|--|
| Pathology Services | Healthy Options | DASA is responsible for comprehensive toxicology procedures for DASA clients who are pregnant/postpartum or methadone clients. Healthy Options covers CPT codes: 80100- 80103. <i>Julie Lake 11/24/98 letter to plans</i> |
| Personal Care Services | AAS 1-800-422-3263 | In certain conditions |
| Pharmaceutical Products (includes nutritional supplements, fluoride, contraceptives, antigens & allergens; vitamins & iron for prenatal/postnatal care) | Healthy Options except certain prescriptions which are FFS | Formulary must be therapeutically equivalent to MAA's (but not necessarily the same drugs). Prescriptions from DASA, CMHC, or dental provider can be billed FFS, as can prescriptions written by a health department for a STD |
| Physical Medicine & Rehabilitation | Healthy Options | |
| Physicals (for children AKA EPSDT or Healthy Kids) | Healthy Options Not covered for program eligibility, insurance, employment | Once a year for adults & according to periodicity schedule for children. Exams for inpatient admits for oral surgery: see Dental note. |
| Physician Services | Healthy Options | Must use participating providers with plan |
| Plastic Surgery | Healthy Options | Cosmetic surgery not covered |
| Pregnancy Terminations, Involuntary | Healthy Options | Miscarriage, etc. |
| Pregnancy Terminations, Voluntary | FFS Provider | Includes care for any complications |
| Private Duty Nursing | Healthy Options | |
| Protease Inhibitors | FFS Provider | |
| Psychological Testing & Evaluation | Healthy Options or CMHC | Once every 12 months for adults & unlimited for children under age 21 if needed. |
| Radiology & Medical Imaging Services | Healthy Options | |
| Reconstructive Surgery after Mastectomy | Healthy Options | |
| RU 486 | FFS | |
| Sexually Transmitted Diseases Treatment | Healthy Options and/or FFS Health Department and Family Planning Clinic | Member can choose HO or FFS. Prescriptions written by Health Department or Family Planning Clinic paid FFS |
| School Medical Services | School bills FFS | Only for special Ed students with individual/family special ed plans (IFSP) |
| Sexual Dysfunction & Sex Changes | Not covered | |
| Skilled Nursing | FFS—Aging & Adult | Plans may choose to cover this in lieu of |

| ITEM | HOW COVERED | COMMENTS/REFERENCES |
|--|---|---|
| Facility | | hospitalization—see Nursing Facility |
| Smoking Cessation Drugs/Aids | Healthy Options for pregnant women through 60 days post-pregnancy; otherwise not covered. | Note: some Healthy Options plans do cover this for additional types of members |
| Social Workers | Not covered directly | Social workers bill through maternity case management or support services, CMHC |
| Sterilizations, 21 years & up | Healthy Options (FFS if conditions not met) | Need sterilization form completed 30 days prior or meet waiver requirements. Reversals not covered |
| Sterilizations, under age 21 | FFS | Need sterilization forms completed 30 days prior or meet waiver requirements. Reversals not covered. HO provider can provide but bill FFS. |
| Supplemental Nutrition/Infant Formula | Healthy Options | Includes infant formulas when medically necessary unless it is covered by WIC within its limitations. <i>See Parenteral/Enteral Billing Instructions criteria as example.</i> |
| Supplies (non durable) | Healthy Options | |
| Temporomandibular Joint (TMJ) Disorder | Dental Issues: FFS Medical Issues: Healthy Options | Plans need to evaluate patient to determine need and to coordinate care. TMJ may not be determined as purely dental in nature. |
| Therapies: OT, PT, ST | Healthy Options (unless covered by a Neurodevelopmental Center) | <i>See Neurodevelopmental Centers.</i> Covered for both rehab & developmental reasons |
| Transplants, Organs & Tissue | Healthy Options | Covered: heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, cornea, & peripheral blood stem cell. Includes all ancillary services to make it happen (e.g. donor costs & testing). |
| Transportation, Brokered, non emergent | FFS Provider 1-800-562-3022 for current list | Broker in each county. (360) 725-1470 for MAA program manager |
| Tuberculosis Screening & follow up | Healthy Options or Health Departments | |
| Visual Training | Not covered | <i>See Eye Training</i> |
| Vitamins & Iron Supplements | Healthy Options | Only for prenatal & postnatal care |
| Weight Loss Services | Healthy Options | Structured program only at approved facilities for only certain patients. Gastroplasty for treatment of obesity not covered. |
| Women's Health Care | Healthy Options | Women go to plan's providers; PCP does not authorize visit but may need to authorize referrals, etc. <i>See family planning also.</i> |